STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH County Caroline	· ·		(93-c) X	O U	
	burg, (o	ut-side)	Registration Dist. No. 64 No. St., I death occurred in a hospital or institution, give its NAME instead of street and not be a street and not be	Ward	
Length of rasidence in city or town whera	death occurred IO	yrs,mos	ds. How long in U.S. if of foreign birth?mo:	sds.	
2. FULL NAME Char	les O.	Adams,	If U. S. Veteran, specify WAR		
(a) Residence: No. Federal	Lsburg, M. (Usual place o			State	
PERSONAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	1 - 1 - 1	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARR OR DIVORCED	IED, WIDOWED, (write the word) OWEG	21. DATE OF DEATH March 24th. (Month) (Dey)	193 <u>6</u> (Year)	
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of Grace A	dams, de	ec'd.	22. I HEREBY CERTIFY, Thet I attended d march 20 ,1936, to march 20		
6. DATE OF BIRTH (month, day, and yaar) A	bout I86	4	I last saw home alive on 3/20 ,19 36	; death is seid	
About 72 Months	Days	If LESS than 1 day,hrs. ormin.	to heve occurred on the data stated above, at 4 - A m. The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:	Date of onset	
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	arm Labo	rer	Chronis Brondial arthur	1524	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc				O.E.	
10. Date decaased last worked at this occupation (month end year)	36 11. Total tir spen occu	na (yaars) tin this Life pation Life			
12. BIRTHPLACE (city or town)	omerset	Co.	Other Contributory Causes of Importance:		
(Stata or country)		Md.	myorardelis; chronice quesa	?	
13. NAME Can't ge	t any da	ta.	Direction: he had been all for years.		
(State or country)	nknamm.		Name of operation Date of Date of What tast confirmed diegnosis? Was there en eutopsy?		
15. MAIDEN NAME Can't g	et any d	ata.	23. If daath was due to external causes (VIOL ENCE) fill in also the following:		
15. MAIDEN NAME Can't get any data. 16. BIRTHPLACE (city or town)			Accident, suicide, or homicide?		
					(Address) Federalsburg, Md.R.F.D. 18. BURIAL, CREMATION, OR REMOVAL Place Federalsburg, Md Deta Mar. 27", 19 36
19. UNDERTAKER J.T. Frampt (Addrass) Federals			24. Was disease or injury in any way related to occupation of dacaased?	no	
20. FILED Mar. 25", 1936 5.		7	/0 /0 VA.	0 M. D	

WRITE PLAINEY

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 1		Example II	
of importance were as for		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DECEIVEL	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritu		1921	Run over by street car	1 week ago
Cerebral hemorrhage	Vbs 6 1930	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S			
Other contributory caus	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEAT	STATE	OF	MARYL	AND-	-CERTIFI	CATE	OF	DEAT	TH
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1	. PLACE OF DEATH	(126)
	County Caroline	Registration Dist. No. 64
	Village or City Federal sburg.	No. St. Ward
	(If Length of residence in city or town where deeth occurred TO yrs,mos.	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2	FULL NAME Ida Arnett,	If U. S. Veteran, specify WAR
	(a) Residence: No. Federal sburg, Md.	St., Ward.
, married	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH March, 22nd, 1936 (Month) (Dey) (Yeer)
5e.	If merried, widowed, or divorced HUSBAND of John Francis Arnett, dec'd (or) WIFE of John Francis	22. HEREBY CERTIFY. Thet I attended decessed from 15 1936, to Mor 22 1936
6.	DATE OF BIRTH (month, dey, end yeer) Dec. 28th. 1872	I lest saw h. selive on Mor, 22, 193 (adeath is seid
	AGE Yeers Months Deys If LESS then	to heve occurred on the date steted above, et $6-45-P_{me}M$.
	63 2 24 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were es follows:
NC	8. Trede, profession, or perticuler	Belliony Calculi Date of onset
CCUPATION	SAWYER, BOOKKEEPER, etc. House-work	
UP/	work was done, es SILK MILL, SAW MILL, BANK, etc.	
0,0	10. Dete decessed lest worked et this occupetion (month end to year) 11. Total time (years) spent in this year) 12. The cocupetion Life	
12	BIRTHPLACE (city or town) Talbot Co,	Other Contributory Causes of importance:
-	(Stete or country) MG	
ER	13. NAME Anthony Lane,	
FATHER	14. BIRTHPLACE (city or town) Talbot Co.	Neme of operation Dete of
_	(Stete or country) Md.	Whet test confirmed diegnosis?
1ER	15. MAIDEN NAME Eliza Reed,	23. If deeth wes due to externel ceuses (VIOL ENCE) fill In elso the following:-
MOTHER	16. BIRTHPLACE (city or town) Talbot Co. (State or country) Md.	Accident, suicide, or homicide?
17.	INFORMANT Minnie E. Finn, (Address) Federalsburg, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Menner of Injury
	Plece Federalsburg, Md Bete Mar. 24", 1936	Neture of Injury
19.	UNDERTAKER J.T. Framptom & Son.	24. Was disease or injury In any way releted to occupation of deceased? Two
	(Address) Federalsburg, Md.	If so, specify
20.	FILED Mar 23rd 1936. 5.5. Fram From, Registrar.	(Signed) M.D. (Address) Surlant M.D.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy.	1 week ago
Chronic interstitial nephritis APR 6 1936	1921	Run over by.street car	1 week ago
Cerebral hemorrhage KIREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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PHYSICIANS should state WITH UNFADING INK -THIS IS A PERMANENT RECORD. Every item of infor-Exact statement stated EXACTLY. MARGIN RESERVED FOR BINDING properly classified. pe should be See instructions on back CAUSEOF DEATH in plain terms, so that it may AGE supplied. mation should be carefully TION is very important.

certificate.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			(3) × 273	35
County Caroline			Registration Dist. No. 54	
Village or City Federalsh	urg, (c	ut-side,	NoSt.,	Ward
Length of residence in city or town where d	eath occurred_7	(II 8yrs,mos	death occurred in a hospital or institution, give its NAME, instead of street and nds. How long In U.S. if of foralgn birth?yrsmo	umber) sds.
2. FULL NAME Joseph Y	. Brumr	nell,	If U. S. Veteran, specify WAR.	
(a) Residence: No. Federals	Osual place	d.K.r.D. of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male Color or RACE	OR DIVORCE	RIED, WIDOWED, D (write the word) dowed.	21. DATE OF DEATH March 17" (Month) (Day)	, 193 <u>6</u> (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda J.	Brumme	ll, dec d	22. I HEREBY CERTIFY, That alrendad	```
6. DATE OF BIRTH (month, day, and year)	out 18	58	last saw have alive on 3/17 19 06	, 19925 death is said
7. AGE Years Months About 78	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated abova, at $9-45-R$. M . The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	11. Total t	mer ime (years) ntin this upation Life	Chrine Mythits	1930
12. BIRTHPLACE (city or town) Caro (Stata or country)	line Co	Md.	Other Contributory Causes of Importance:	
置 13. NAME Thomas	Brummel	1.		
HE 13. NAME Thomas 14. BIRTHPLACE (city or town) (State or country)	roline	Co. Md.	Name of operation Date of What test confirmed diagnosis? Was there an a	utonsy? la
置 15. MAIDEN NAME Nicey	Cephas.		23, If death was dua to extarnal causes (VIOLENCE) fill in also tha following	
11	chester	Md.	Accident, suicide, or homicide? Date of Injury Where did injury occur?(Specify city or town, county and State	
17. INFORMANT Samuel R. Br (Address) Federalsb		R F D	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Federalsburg, M	0,		Manner of injury	
19. UNDERTAKER J.T. Frampto (Address) Federals		ld.	24. Was disaase or Injury In any way related to occupation of deceased?	200
20. FILED Max. 18", 1936 5. 3	5. Fran	no tom	(Signed) W (Skywther) (Address) Pellipling (M	M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial hephritis	1921	Run over, by street car	1 week ago
Cerebral hemorrhage 1936	July 5, 1927	Peritonitis	3 days ago
AFTI V. S.			`
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Np. St.,
(If death occurred in a hospital or institution, give its NAME instead of street and number) Village or City Length of residence In city or town where death occurred. mos.____ds. How long in U.S. if of foreign birth?_____yrs.____mos.____ds. 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) narried 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than to have occurred on the date stated above, at_____m. Days 1 day,____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... NO 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation 12. BIRTHPLACE (city or town)_ (State or country) FATHER 13, NAME 14. BIRTHPLACE (city or town). Name of operation_____ (State or country) What test confirmed diagnosis?_____ Was there an autopsy?____ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury______ 19. 16. BIRTHPLACE (city or town). (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT ... (Address) 18. BURIAL, CREMATION, DR REMOVAL Manner of injury Tort Date Nature of Injury. 24. Was disease or injury in any way related to occupation of deceased?_____ 19. UNDERTAKER (Address) If so, specify Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephrites	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
9 8 PA			
Other contributor, causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Sig. 73.

4/6/36.

of OCCUPA.

item of infor-

stated EXACTLY. PHYSICIANS should state Exact statement IS A PERMANENT MARGIN RESERVED FOR BINDING properly classified. WITH UNFADING INK-THIS AGE should be pe CAUSE OF DEATH in plain terms, so that it may WRITE PLAINLY, WITH UNFAD mation should be carefully supplied.

certificate.

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See instructions on back

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEA	тн			(3)	104
County Caro	line			Registration Dist. No. 64	
Village or CityF			(If	ND. St., St., death occurred in a hospital or institution, give its NAME instead of street and St. 4 ds. How long in U.S. If of foreign birth? yrs	Ward number)
2. FULL NAME(a) Residence: No			. Md.	St., Ward. If U. S. Veteran, specify WAR. St., Ward. If nonresident give city or town an	d State
PERSONAL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	r or race	OR DIVORCE	RIED, WIDOWED, O (write the word) rried	21. DATE OF DEATH March, IO'' (Month) (Day)	, 195 (Year)
	lartha Co		11 70.00	22. I HEREBY CERTIFY. Ihat I attended	٧٤ وا ,
6. DATE OF BIRTH (month, day 7. AGE Years	y, and year)	ept. 16	1862	to have occurred on the date stated above, at $4 - 15 - A_m$. M	; death Is said
73	5	Days 24	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
Industry or business in work was done, as: SAW MILL, BANK, 10. Date deceased last won this occupation (mo year) 12. BIRTHPLACE (city or town) (State or country)	rked at Keepe	rocery	Store me (years) it in this pation	Chrone leghents Chrone leghents Chrone leghents Chrone leghents Other Contributory Causes of importance:	Han Fix
	mes Bava	rd Cork			
13. NAME Jan 14. BIRTHPLACE (city or to (State or country)	Car	oline (Name of operation Date of What test confirmed diagnosis? Was there an	2
15. MAIDEN NAME	Susan	Hutchir	ison,	23. If death was due to external causes (VIOL ENCE) fill in also the following	
15. MAIDEN NAME 16. BIRTHPLACE (city or to (State or country)	own)C	aroline	Co. Md.	Accident, suicide, or homicide? Date of injury Where did Injury occur?	, 19
	rs. Benj ederalsb		. Corkran	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ote) LACE,
18. BURIAL, CREMATION, OR F	REMOVAL		12-1936	Manner of injury	4
	.Frampto		1.	24. Was disease or injury In any way related to occupation of deceased?	W
20. FILED Max. 11"	19. 3, 3	Fran	na tona	(Signed) (Address)	M. D.

V. S. No. 1

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Example I	it	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 6	July 5, 1927	Peritonitis	3 days ago
PURPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		,	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2735
1. PLACE OF DEATH	(II) X
County Caroline	Registration Dist. No.
Village or City Rented Maryland.	NoSt.,Wa
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. If of foreign birth?yrsmos
2. FULL NAME Fletcher Spencer Eaton	lf U.S. Veteran specify WAR.
(a) Residence: No.	St,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS SEX	MEDICAL CERTIFICATE OF DEATH
Male Colored. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	(Month) (Day) (Year)
HUSBAND of Cor) WIFE of Agral Spine Catal	1 HEREBY CERTIEY That I attended deceased fr
DATE OF BIRTH (month, day, and year) Class. 12 1891	I last saw hAM alive on March 26 1936; death is s
AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 4-9-4-m.
44 7 // S 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows: Date of one
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Caste Gastric Meer 1-75-
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	Nematernesis 3-27
10. Oate deceased last worked at this occupation (month and year)	
2. BIRTHPLACE (city or town) Maryland.	Othar Contributory Causes of Importance:
(Stata or country)	Chronic Gastrites 1110a
13. NAME GLORGE Eston	
14 DIPTUDI ACT COMMAND AND THE	Name of operation Date of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis Linux Was there an autopsy?
15. MAIDEN NAME Sidae Harris	23. If death was due to external causes (VIOLENCE) fill In also the following:
	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Whera did Injury occur?
INFORMANT Colsie Vennis,	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Author .	
Place Sector, Maryland Date Mely 29, 1936	Manner of injury
9. UNDERTAKER PERLET Clark	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
(Address) Destoo May lail.	If so, specify
10 FILEO 3-28 1936 Don 10 Years	(Signed) MALL M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 6 1936	July 5, 1927	Perilonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	1,20
Gallstones		May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(23)
Countyles velus	Registration Dist. No. 62
Village or City Zeer Deulan (IF	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charlie Dibbs	If U.S. Veteran specify WAR
(a) Residence: No. Zeen Oeeslan (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 20 , 193 (e (Month) (Dey) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, Thet I attended decessed from 7 10 25 1936
6. DATE OF BIRTH (month, dey, and yeer) about 1866	I last saw h gin alive on 7 16 25 ,1936; deeth is seid
7. AGE Yeers Months Days If LESS then 1 day,hrs.	to heve occurred on the dete stated above, et. 4m. The PRINCIPAL CAUSE OF DEATH end releted causes of importance
ormin.	were es follows:
Prede, profession, or perticular kind of work done, es SPINNER, Farum Land	
Industry or business in which work was done, as SILK MILL,	Pulmonary Internation Jan 1935
SAW MILL, BANK, etc.	7-25
10. Date deceased last worked at this occupetion (month and yeer) occupetion content occu	
12. BIRTHPLACE (city or town) Orelgeley	Other Contributory Causes of Importance:
(State or country) record	
14. BIRTHPLACE (city or town) Crigogeley	
4 14. BIRTHPLACE (city or town) (Ziglegeley	Neme of operation
(State of countly)	Whet test confirmed diagnosis? Wes there en eutopsy?
15. MAIDEN NAME ELLISA 16. BIRTHPLACE (city or town) (State or country)	23. If deeth wes due to external ceuses (VIDLENCE) fill In elso the following:
5 16. BIRTHPLACE (city or town) UELSelly	Accident, suicide, or homicide?
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Clarya Ffices (Address) MA Declar MA	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CRIMATION, OR REMOVAL	Menner of Injury
Pleadfring Jarra Date 3-2-2, 1936	Nature of Injury
19. UNDERTAKER J. W. Mary 19. (Address)	24. Was disease or injury In any way-releted to occupation of diceased?
20. FILED 2-22, 1936 (m & a 4 cing C Registrar.	(Signed) S faut hinto M. D. (Address) Auto M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sclls goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	zanampics.
The principal cause of death and related causes of importance were as follows: Arteriosclerosis APR 6 1936	Date of onset	of importance were as follows:	
Chronic interstitial nephritis	1910	Attack of epilepsy Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Construction and the Construction of the Const			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

PHYSICIANS should state RECORD. Every item of infor-Exact statement stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. FOR BINDING MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. N. B.-WRITE PLAINLY,

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	2
County Caroline.	Registration Dist. No. lo
Village or City Tederals Surg	No. St., Ward
0 (11	death occurred in a hospital or institution, give its NAME instead of street and number)
0-10	ds. How long In U.S. if of foralgn birth?yrsmosds.
7	If U. S. Veteran, specify WAR
(a) Residence: No. Leder at 15 Turg, Md.	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 3
Fernale White OR DIVORCED (wite tha word)	, 193.6
5a. If marriad, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from
DA	, 19, to, 19, 19
6. DATE OF BIRTH (month, dey, and year) \Q\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	I last saw h; deeth is said
d+:00 0 1 dey,hrs.	to heve occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
51177 - 50 % 12. or min.	ware as follows: Date of onset
8. Trade, profession, or particular kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, atc.	John - Dun,
2 Industry or business in which	Stations
work was done, as SILK MILL, SAW MILL, BANK, etc	2 (Hajeyhows
- I this occupation (month and spoint in this	The state of the s
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Dederas Sung.	V
(Stata or country)	
13. NAME William Harber. 14. BIRTHPLACE (city or town). Philadelphia	
14. BIRTHPLACE (city or town) Xxi a dex to xia.	Neme of operation
(State of country)	Whet tast confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Virginia Bailey 16. BIRTHPLACE (city or town) Baltimere.	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Say Timere.	Accident, suicide, or homicida?
(Stete or country)	Whara did injury occur?(Specify city or town, county and State)
17, INFORMANT Wixxiams Harrer	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Tadena 8= Sura. Ma	Manage of lating
Plece Fe der als vurg Md Date Max 22", 1936	Manner of Injury
201,00.	Nature of injury
19. UNDERTAKER WINX tan tar per. (Address) Tedera 98 sura. Md.	24. Was disease or injury in any way related to occupation of decaesed?
NA ALL ST TO ST	(Signad) W Keltwillo
20. FILED L'AT. Ale, 1926 3, S. Fran & long. Registrar.	(Address) Federally, M.S.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Examp	le I	LILL V	Example II	
The principal cause of death an of importance were as follows:	d related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	EIVEDI	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Est.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of in	- 11 8		Other contributory causes of importance:	
Gaustones		May 1,1923	Gastroenteritis	1 year
				I .

ADDITIONAL SPACE FOR FURTHER STA	ATEMENTS BY	PHYSICIAN
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B.—WRITE, PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(13) × 6/38
County Carolyse	Registration Dist. No. 6
Village or City Areus ful.	NDSt.,Wa
	f death occurred in a hospital or institution, give its NAME instead of street and number) 7 ds. How long in U.S. if of foreign birth? yrs. mos.
2 FILL NAME LED H, Horliell	IR - 0.7
(a) Residence: No.	St. Ward. Draw. Del.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATHLOCK 27, 193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. 1/HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Mrs. Jewise Harlwell	Til, VZ ,1936, 10 Ward 27, 1986
6. DATE OF BIRTH (month, day, and year) June 26, 1899	I last saw h win alive on March 27, 1936; death is so
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, at
R Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	a cute herromy which her histor Jan 19.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and year) year) 12. Total time (years) spant in this occupation.	
12. BIRTHPLACE (city or town) (State or country)	Dther Contributory Causes of Importance:
13. NAME Laureuse Harland 14. BIRTHPLACE (city or town)	Minus jujims - 11.0
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Lower Selly 16. BIRTHPLACE (city or town)	23. If death was due to externel causes (VIDLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Source Harbert (Address) Source Del B. B.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Ambry Date March 31, 1936	Manner of injury
19. UNDERTAKER R B. Rayluyo ; (Address) July tree to thed;	24. Was disease or Injury In eny way related to occupation of deceased? MD
20. FILED Mar & J. 1836 S. Mar Pyrain Registrar.	(Signed) S aul Junio M (Address) Aunton Md
Translation and the Company	NY COLUMN TO THE TOTAL OF THE T

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting "U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	19	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 N 8. 1			
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be V. S. No. 1

1. PLACE OF DEATH	/ W// W		(a)	
County Caroline			Registration Dist. No.	54
Village or City Preston	~		No. St.	Ward
tangth of residence in situ or town where	dauth assumed		death occurred in a hospital or institution, give its NAME instead of street and	number)
	0		ds. How long in U.S. if of foreign birth?yrsr	nosds.
	tillo	n Jone	V	
(a) Residence: No.	(Usual place	of abode)	St., Ward. A lf nonresident give city or town an	d State
PERSONAL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Color OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		21. DATE OF DEATH March 22 (Month) (Day)	, 193 4 (Year)	
5a. If married, widowed, or divorced HUSBAND of	*		22. HEREBY CERTIFY, That attended	danaged from
(or) WIFE of			, 19 to	
6. DATE OF BIRTH (month, day, and year)	narch	22, 1936	I last saw h alive on, 19	
7. AGE Years Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 7.—m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			df:110 + f	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	*******		amena	
10. Date deceased last worked at this occupation (month and year)	spe	ime (years) nt in this		=======================================
12. BIRTHPLACE (city or town) Breston Md. (State or country)			Other Coutributory Causes of importance:	
13. NAME Leon	Robert	2000		
13. NAME Leon Robertson 14. BIRTHPLACE (city or town)			Name of operation Date of Was there an	
# 15. MAIDEN NAME Corne	line In	min	23. If death was due to external causes (VIOLENCE) fill in elso the following	
16. BIRTHPLACE (city or town) (State or country)			Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT(Address)			(Specify city or town, county and Ste Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	ite) LACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury		
Place			Nature of injury	
19, UNDERTAKER(Address)			24. Was disease or injury in eny way related to occupation of deceased?	
20. FILED, 19	DATE 3/29	3 (Registrar.	(Signed) T. M. Ingleyom. (Address) Leader String Ma	M. D.
If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No.	

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

İ	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car Fuly 1,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

14-6.36)

Sig B.

STATE OF MARY	LAND-CERTIFICATE	OF	DEATH
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1. PLACE OF DEATH	2739
County Caroline	Registration Dist. No.
Village or City Denton	NoSt.,Ward
Length of residence in city or town where death occurredyrsm	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth? yrsmos,ds.
2. FULL NAME Wilhelmina R. Lord,	If U. S. Veteran, specify WAR
(a) Residence: No. Denton, Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH March, 1936 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Lord, decid.	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mar 31" 1850 7. AGE Years Months Days If LESS than 1 day,hr	THE FRINCIPAL CAUSE OF DEATH and terated causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, HOUSE-WORK SAWYER, BOOKKEEPER, etc	Pulls Games
12. BIRTHPLACE (city or town) She did not know wher (State or country) she was born.	Other Centributery Causes of Importance
🖺 13. NAME William H. Russum.	
13. NAME William H. Russum. 14. BIRTHPLACE (city or town)The family do not	Name of operation
(State of country) KIIOW.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Rhoda Collins, 16. BIRTHPLACE (city or town). The family do not (State or country) know.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(Address) Denton, Md.R.F.D.	
18. BURIAL, CREMATION, OR REMOVAL Place Concord, Md. Date Mar. I511 19	Manner of Injury
19. UNDERTAKER J.T. Framptom & Son. (Address) Federalsburg, Md.	24. Was disease of injury in any way related to occupation of deceased?
20. FILED 3 - 12 , 1936 Km Q O Gengle Registrar.	(Signed) (I M. D. (Address) M. D.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis APR 6 1936	1921	Run over by street car .	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			10-11-11

E

STATE OF MARYLAND—	CERTIFICATE OF DEATH 27411
1. PLACE OF DEATH 1	(102%)
County Caroline	Registration Dist. No. 61
Village or City Trulus buro	No. St. Ward
.9	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME William A. Jum	б
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH March (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. A HEREBY CERTIFY That I attended deceased from 1936, to 1029, 1936
6. DATE OF BIRTH (month, day, and year) Gaus 5-1918	I last saw h sum alive on Fet 29, 1936; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at. 222m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
I Trade, profession, or particular kind of work done, as SPINNER, Laborary SAWYER, BODKKEPER, etc	Belaker dotular for 2
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	Preciona
to. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
13. NAME alfred Limb.	
13. NAME Control 2	Name of operation
15. MAIDEN NAME CLIFF WALLS 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Wilmy ton Dul.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Regulation and Date Parkle 2, 1936	Nature of injury
19. UNDERTAKER 1. B. Kawburgo. (Address) Grews for md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Par. 2, 1936 L. Mae Pippin. Registrar.	(Signed) Chaple At Ito mension M. D. (Address) Precuptors Preciping
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 14 1930	July 5, 1927	Peritonitis	3 days ago
RIIREAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2741
1. PLACE OF DEATH	107-a) / 19
County tearslend	Registration Dist. No. 62
Village or City Zuer Deulow	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Javis Jamuna	If U.S. Veteran specify WAR
(a) Residence: No. Zeesel Seulas (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mon, Ty, 193 6 (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. Net I HEREBY CERTIES. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h of elive on Mars 13 , 1976; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the dete steted above, et
3 2 % 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Osperales (Successiones des 7
	1 Menerica Miller Sicies for
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Dete deceased last worked at this occupation (month and year) spant in this occupation	
E.T.	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stete or country) Zuezylaud.	
13. NAME Jalen neurray.	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Daisy Johnson 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFDRMANT John Murray (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place) lulin und Detellar, 16, 1936	Neture of injury
19. UNDERTAKER Address)	24. Was diseese or injury in any way related to occupation of deceased \$200
20. FILED 3-14 , 1936 Por DO Glegge	(Signed) MUNDIO June M. D. (Address) Durkey

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			1	Example II		
The principal cause of of importance were as for	eath and related	causes [Date	of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	ADD Q	1000		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephriti	8	7000		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	V.S.	Juli	5,1927	Peritonitis	3 days ago
Other contributory cause	es of importance:				Other contributory causes of importance:	
Gallstones			May	y 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2742	
1. PLACE OF DEATH	(93-c) ×	
County Caroline	Registration Dist. No. 62	
Village or City West Deulan	NoSt.,	Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number ds. How long in U.S. If of foreign birth?	
(a) Residence: No. Deutsu Guest. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 24 (Month) (Dey) (193	36 Year)
5a. If merried, widowed, or divorced WISERAND (or) WIFE of Lylin Maylor	22. Feb. 6 1936 to Man 24 1	ed from
6. DATE OF BIRTH (month, day, and year) Debt 1 1883	1 last sew her alive on Men. 20 1936; deat	h Is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, et	
32 6 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance	ofonset
8. Trede, profession, or perticular kind of work done, as SPINNER. Journal SAWYER, BOOKKEEPER, etc.		
9. Industry or business in which work was done, as SILK MILL, SAW MILL RANK etc.	Chiania Mysecarditis	7
10. Date deceased last worked at this occupation (month and year) crupation corrupation		
12. BIRTHPLACE (city or town) Pourstleke (State or country)	Other Contributory Canses of Importance:	
	Hypenlinsian -	
14. BIRTHPLACE (city or town) Poloauslunge	Neme of operation	
(State of country)	What test confirmed diagnosis? Was there an autops	1?
15. MAIDEN NAME Proce Fear 16. BIRTHPLACE (city or town). Zeeling (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	19
17. INFORMANT Septem Markor (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION OR REMOVAL Place Sulon Cull Date Gara, P., 19.3	Manner of Injury	
19. UNDERTAKER Linguis Months (Address)	24. Was disease or injury in any way related to occupation of deceased?	7
20. FILED 3-26, 135 MAD George Registrar.	(Signed) Allwarm O Jeonge (Address) Andre Ind.	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis BURFAII V S	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5 1927	Peritonitis	3 days ago
APD 6 1935			
Other contributory causes of importance: Gallstones	S. May 1, 1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYLAND—CERTIFICA	ATE C	OF	DEATH	274
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1. PLACE OF DEATH					(34) ×	40
	County	Caroline			Registration Dist. No. \o \	
	Village or City	Federa	lsburg,		No. St	Ward
				6_yrsmos	f death occurred in a hospital or iostitution, give its NAME instead of street and street and ds. How long in U.S. if of loraign birth?yrs	nd number)
2	. FULL NAME	Henry	J. Robe	rts.	If U. S. Veteran, specify WAR	
	(a) Residence:	No. Federa	lsburg,		St., Ward.	
-			(Usual place	of abode)	If conresident give city or town a	nd State
		AND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. S	Male 4.	Color or RACE	OR DLYORCE	RIED, WIDOWED, D (write the word) T1 eQ	21. DATE OF DEATH March, II" (Month) (Dev)	., 193 <u>6</u> (Yeer)
5a.	If married, widowed, HUSBAND of					
	(or) WIFE of	Sallie	Roberts	,	22. I HEREBY CERTIFY, That I attand	ed deceased Iron
Sim				7.00		,
7. A	GE Yaars	nth, day, end yaar) A	Dril I"	I I LESS than	to have occurred on the date stetad above, et II-OC_m.P. M.	6; death Is said
1. 7	5I	TT	IO	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
-				ormin.	wara as follows:	Date of onset
TION	kind of work	n, or particular done, as SPINNER, OKKEEPER, atc	'arm lel	Orer	Justice Contities	1 022
E	9. Industry or busi	ness in which	dim tar	01.61	Juliu xeomus	1930
J.	work was do	ne, es SILK MILL, BANK, etc				
0	10 Date deserred la	and accordance on	11. Total t	ima (years) ntin this T40		
-	yeer)	Septem 193	5 spa	pation Life		
13	DIDTUDE ACT (site or	Dor	chester	Co.	Other Contributory Courses of importance:	11,126
14.	BIRTHPLACE (city or (State or country)	town)		Md.	1 de la	7/1/
2	13. NAME	George	Robert		Ongastagranges	
FATHER	14 DIDTUDI AGE / ::	Don	chester	Co	Name of acception	
FA	14. BIRTHPLACE (cit (State or cou		OWERGE	Md.	Name of operation Date of What test confirmed diagnosistic name of the state	
2	IS. MAIDEN NAME	Ann	a Higgi			
MOTHER		D	orchest		23. II daath was due to axtarnel causes (VIOLENCE) fill in also the follow	•
MO	16. BIRTHPLACE (cit (State or cou	ly or town)		Md	Accident, suicide, or homicide? Date of Injury	, 19
			ie Robe		(Specify city or town, county and S	itate)
17.	(Addrass)	Federal			Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18.	BURIAL, CREMATION		Spuis.	I U.	Manage at lating	
		esbury, Md	· Data Mar	. I4" 1936	Manner of Injury	
	Ţ	.T.Frampte	om & Son	1.	24. Was disaese or injury In any way related to occupation of daceased?	Ma
19.	UNDERTAKER	Federals			Il so, specify	-,
	FILED Mar. IZ		7-7-	0+	(Signed) 4. M. Anderson	/ M.D.
20.	FILED IVIAL . 1	1900 5	0.440	Registrar.	(Address) Federals buens, M	dM. D.
				Accessia.	(Addiess)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

F	xample I	DI	Example II	
The principal cause of de of importance were as follows:	ath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	RIPEAU V.	5 1921	Run over by street car	1 week ago
Cerebral hemorrhage		July5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDIT	IONAL SPACE FO	OR FURTHER	STATEMENTS .	BY PHYSICIAN	

MARGIN RESERVED FOR BINDING

2	7	4	4	
			-	

1. PLACE OF DEATH		(106-6) 50	
County Cearoline		Registration Dist. No.	2
Village or City Lease Length of residence in city of town where deeth		f death occurred in a hospital or institution, give its NAME instead of street ids. How long in U.S. If of foreign birth?yrs	
(a) Residence: No. Lara	(Usual place of abpode)	St., Ward. If nonresident give city or town	a and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEAT	Ή
me ser	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MAN, 2 (Month) (Day)	, 193 6 (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of		22. HEREBY CERTIES, That I atte	ended deceased from
6. DATE OF BIRTH (month, dey, end yeer) Your 7. AGE Yeers Months	Days If LESS then 1 dey,hrs. ormin.	to heve occurred on the date steted above, et 2.4. m. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:	Dete of enset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	lired	Chesine Broncheter	7
work wes done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) / / / / / (State or country)	maryland	Other Contributory Causes of importance:	
13. NAME / illiam / 14. BIRTHPLACE (city or town) / Tural	asst.	Neme of operation	
15. MAIDEN NAME (elizada +	1.00: 11)	What test confirmed diagnosis? Was ther	
16. BIRTHPLACE (city or town) (Stete or country)	slaud.	23. If deeth wes due to externel causes (VIOLENCE) fill in also the fol Accident, suicide, or homicide? Dete of injury Where dld injury occur?	, 19
17. INFORMANT adde Tur. (Address)	Brase Pa:	(Specify city or town, county an Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	IC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Thear 4 , 193	Manner of Injury	
19. UNDERTAKER SIZE	wor	24. Wes disease or injury in any wey related to occupation of decease if so, specify	d? /hu
20. FILED 3 7 4 , 1936 Km	Jusql-	(Signed) March Develop 1	ed M. O

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
120	Attack of epilepsy	1 week ago
921	Run over by street car	1 week ago
5,1927	Peritonitis	3 days ago
1 1923	Other contributory causes of importance:	1 year
5		Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 2745
1. PLACE OF DEATH	92-0
County Caroline	Registration Dist. No. 62
Village or City Least Westland (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth ocurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME USE Westure Sal	Unfilled S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (wnichthe word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hospital	22. MAN HEBEBY CERTIFY. That Lattended deceased from
Q10-102 166>	last saw h. A. alive on MALL 50 19 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at D
73 6 24 lday, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc	motral Ogany taling
Mark was done as CHK MIII	
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) / farmoury	Other Centributery Causes of Importance:
(Stata or country) markeyend	
13. NAME Illum Markey 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State or country)	What test confirmed diagnosis? Was there en eutopsy?
II 15. MAIDEN NAME Lara Allaw.	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide?
17. INFORMANT Auro Mellie Saltufuls (Address)	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CHEMATION, OR REMOVAL CURRENCE (1930)	Manner of Injury
19. UNDERTAKER White History (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED # 1 , 1936 Om AO Yerras	(Signed) J. Millian M. D. M. D
Registrar.	(Address) Summy VM

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis PECEIVED		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis KEUEIV	1915	Attack of epilepsy	1 week ago	
Chronic interstitial naphritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage APR 6 1330	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

in		Registration Dist. No. 66
de	seles	NoSt.,Ward
(1	(If death occurred in a hospital or institution, give its NAME instead of street and number)
whare	death occurredyrs	mosds. How long in U.S. if of foraign birth?yrsmosds.
U.	Vilgleman	Jaliflar eteran specify WAR.
	Bridgel	ward.
	(Usual place of abody	If nonresident give city or town and State
TIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
CE	5. SINGLE, MARRIED, WIDOWED OR DINORCED (write the word	
L	Lugle	(Month) (Day) (Year)
		22. I HEREBY CERTIFY, That I attended deceased from
1	0.0.0	Jahren 1 1, 1906, 10 March 1 1986.
	Ice. 30° 192	
nths Z	Days If LESS tha	
_	hormin.	were as follows:
IER. 7	selvar vay	
	Jag Jovor	John punoma - Koft 316.76
L,	Pisto schoo	4
1	11. Total tima (years)	
tel	spent in this 3	
-	444444	Other Contributory Canses of importance:
-are	Zu and	megocardelles & lotes
-	The all the	Trupplement of which
7	Jaycor	saile nymus 34%
1 You	mysuy.	Name of operation Date of Date of
	- Jun	What lest confirmed diagnosis Current Was there an autopsy?
ce	- Jace.	23. If death was due to external causes (VIOLENCE) fill In also the following:
		Accident, suicide, or homicide? Date of Injury, 19
_Z	rangland	Where did injury occur? (Specify city or town, county and State)
ومع	Walls aus	whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.
	Pridacles	
7. 0	700000000000000000000000000000000000000	Manner of injury
ua	Date 111111111111111111111111111111111111	Nature of injury
il	Moon	24. Was disease or injury in any way related to occupation of deceased?
	Ducton zua	If so, specify
	Toracis.	(Signed) M.D.
1	Registrar	(Address) Rulfgely ml
If more	blanks are needed, address State Regis	trar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

19. UNDERTAKER (Address)

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 2 1936			
Other contributory causes of importance.	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year.
HILLS THE PARTY OF			1

Date of onset

(Address) _

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimofe, Requesting V. S. No. 1.

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-Example I		Example II	
The principal cause of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis APR 14 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPAA.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1)	11-11-11	.0		
6	1	4	5	
-		-20	0	

1. PLACE OF DEATH	95-2
County Caroline	Registration Dist. No. 66
Village or City near Respecty	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?mosds.
2. FULL NAME Frank 111 Phones	
(a) Residence: No.	If U. S. Veteran, specify WAR
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (gurite the word)	21. DATE OF DEATH
male nears smale	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. / WHEREBY CERTIFY, That I attended deceased from
(0) 1112 01	Feb / 1936, to 19
6. DATE OF BIRTH (month, day, and year) Unknown-1876	I last saw hard alive on the 1,1936; daeth is said
7. AGE Yaars Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3 OM m.
ormin,	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance were as follows:
Rade, profession, or perticular kind of work done, as SPINNER, Lobarea	
	Juan vario
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and 7 year)	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) 1. Unknown	Name of operation Date of
(Stata or country)	Whet test confirmed diagnosis?
15. MAIDEN NAME Unknown	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Unknown	Accident, suicide, or homicide? Date of Injury
(State or country)	Where did injury occur?
17. INFORMANT Sarafe Callins	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Addrass) 18. BURIAL, CREMATION, DR REMOVAL	
Piece Judgely Ind Date Mely 15 19 14	Manner of Injury
RI-AR Rambour	Neture of injury
19. UNDERTAKER (Addrass)	24. Was disaesa or injury in eny way related to occupetion of deceased?
20. FILE May 15 1936 Propers.	(Signed) All And M. D.
20. FILE TOWN 1986 Registrar.	(Address) Midgely
more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II

1915	The principal cause of death and related cause of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1,000	Attack of epilepsy	1 week ago
1921		
trad Elli	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
1935		
May 1 1008	Other contributory causes of importance:	1 year
		Other contributory causes of importance:

1)	ADDITIONAL SPACE H	FOR FURTHER ST	CATEMENTS BY P	HYSICIAN	this mor
Henry	mark con	lup mye	about	6 wish	ogo
alout	4 com an	d Jung	lydist	6 aug.	by Edward
Collens	who was		slieping	in the	Rom with

V. S. No.

BINDIN

MARGIN RESERVED

(Address)

Registrar.

(Year)

Date of enset

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Example 1		Example II	
The principal cause of death and related caus of importance were as follows: Arteriosclerosis		of importance were as follows:	
Arteriosclerosis RELLE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
popul V.	S. II		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year